AMENDED IN ASSEMBLY MARCH 26, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 383

Introduced by Assembly Member Gipson

February 18, 2015

An act to amend Section 122405 of, *and to add Section 122407 to*, the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

AB 383, as amended, Gipson. Public health: hepatitis C.

Existing law, the Hepatitis C Education, Screening, and Treatment Act, sets forth provisions pertaining to education and outreach related to hepatitis C, as specified. Existing law The act sets forth findings, declarations, and the intent of the Legislature with regard to these provisions. provisions, and requires the Director of Public Health to, among other things, develop and implement a public education and outreach program to raise awareness of the hepatitis C virus aimed at high-risk groups, physician's offices, health care workers, and health care facilities.

This bill would—make technical, nonsubstantive changes to these provisions. require a primary care clinic to offer each patient who receives primary care services in the clinic, and conduct upon agreement, a hepatitis C screening or diagnostic test, as specified, and would specify the manner in which the results of that test are provided. These requirements would not apply if the patient has taken a hepatitis C screening or diagnostic test, if the patient has been offered a hepatitis C screening or diagnostic test and declined the test within the primary care clinic within the previous 12 months, or to an individual receiving primary care services in a hospital or emergency room setting. The bill

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would add additional findings and declarations, including that hepatitis C is the most common bloodborne pathogen in the United States, and is a leading cause of complications from chronic liver disease.

Vote: majority. Appropriation: no. Fiscal committee: no-yes. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 122405 of the Health and Safety Code 2 is amended to read:
- 3 122405. (a) The Legislature hereby finds and declares all of the following:
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- (1) Hepatitis C is classified as a silent killer, where no recognizable signs or symptoms occur until severe liver damage has occurred.
- 9 (b)
- 10 (2) Hepatitis C has been characterized by the World Health Organization as a disease of primary concern to humanity.
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- (3) Studies indicate that 1.8 percent of the population, nearly 4 million Americans, carry the virus HCV that causes hepatitis C. In California, as many as 500,000 individuals may be carriers and could develop the debilitating and potentially deadly liver disease associated with hepatitis C in their lifetime. An expert panel, convened in March by the National Institutes of Health (NIH), estimated that 30,000 acute new infections occur each year in the United States, and only 25 to 30 percent of those are diagnosed. Current data sources indicate that 8,000 to 10,000 Americans die from hepatitis C each year.
- 23 (d)
 - (4) Studies also indicate that 39.4 percent of male inmates and 54.5 percent of female inmates in California correctional facilities have hepatitis C, 26 times higher than the general population. Upon their release from prison, these inmates present a significant health risk to the general population of California.
 - (5) Studies indicate that military veterans, particularly Vietnam War veterans, are disproportionately impacted by hepatitis C compared to other veterans and nonveterans. It is estimated that

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Vietnam War veterans are 5 to 10 times more likely to be infected 1 2 with hepatitis C than other Americans.

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- (6) Hepatitis C is the most common bloodborne pathogen in the *United States, and is a leading cause of complications from chronic* liver disease.
- (7) According to the federal Centers for Disease Control and Prevention, 2.7 million Americans are living with chronic hepatitis C, which is almost 1 percent of the entire population of the United States.
- 10 (8) Hepatitis C infections are most common among individuals born between 1945 and 1965, commonly known as the baby 12 boomers.
 - (9) Hepatitis C infections have reached epidemic levels, especially in underrepresented communities.
 - (10) Up to 75 percent of individuals infected with hepatitis C do not know they are infected, and are therefore not connected to any source of care or treatment.
 - (11) In June 2013, the United States Preventive Services Task Force recommended that all high risk individuals and anyone born between 1945 and 1965 be screened for hepatitis C. In making this recommendation, the United States Preventive Services Task Force cited evidence that early screening and detection can lead to improved clinical outcomes.
 - (e) It is the intent of the Legislature to study
 - (b) Accordingly, it is the intent of the Legislature to do both of the following:
 - (1) Study the adequacy of the health care delivery system as it pertains to hepatitis C.
 - (f) It is the intent of the Legislature to urge
 - (2) Urge the department to make funds available to community-based nonprofit organizations for education and outreach with respect to the hepatitis C virus.
 - SEC. 2. Section 122407 is added to the Health and Safety Code, to read:
 - 122407. (a) A primary care clinic shall offer each patient who receives primary care services in the clinic a hepatitis C screening
- 37 or diagnostic test, consistent with the United States Preventative
- 38 Services Task Force recommendations for screening and any 39 federal Centers for Disease Control and Prevention algorithms.
- 40 The screening or diagnostic test shall be conducted upon patient

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agreement. This subdivision shall not apply if the patient has taken a hepatitis C screening or diagnostic test, or if the patient has been offered a hepatitis C screening or diagnostic test and declined the test within the primary care clinic within the previous 12 months.

- (b) Hepatitis C screening or diagnostic testing of minors 12 years of age or older shall comply with Section 6926 of the Family Code.
- (c) This section shall not prohibit a primary care clinic from charging a patient to cover the cost of the hepatitis C screening or diagnostic test. The primary care clinic shall be deemed to have complied with this section if a hepatitis C screening or diagnostic test is offered.
- (d) A primary care clinic shall attempt to provide test results to the patient before he or she leaves the facility. If that is not possible, the facility may inform the patient who tests nonreactive or negative for the hepatitis C virus by letter or by telephone, and shall inform a patient with a reactive or positive test result in a manner consistent with state law.
- (e) As used in this section, the following terms shall have the following meanings:
- (1) "Primary care clinic" means a clinic as defined in subdivision (a) of Section 1204 or subdivision (g), (h), or (j) of Section 1206.
- (2) "Hepatitis C diagnostic test" means any laboratory test that detects the presence of the hepatitis C virus in the blood and provides confirmation of whether the individual has a hepatitis C virus infection.
- (3) "Hepatitis C screening test" means an FDA-approved laboratory screening test, FDA-approved rapid point-of-care test, or other FDA-approved test that detects the presence of hepatitis C antibodies in the blood.
- (f) This section does not apply to an individual receiving primary care services in a hospital or emergency room setting.